

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117090

1. Entity Name
TRANS PRO OF N. FLORIDA, INC.

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90022 038 ***150.00

Principal Place of Business
4090 HODGES BLVD
1205
JACKSONVILLE FL 32224

Mailing Address
4090 HODGES BLVD
1205
JACKSONVILLE FL 32224

2. Principal Place of Business
1857 Welhs Rd
Suite, Apt. #, etc.
#215

3. Mailing Address
1857 Welhs Rd.
Suite, Apt. #, etc.
#215

City & State
ORANGE PARK, FL.

City & State
ORANGE PARK, FL.

Zip
32073

Country
CHAU

Zip
32073

Country
CHAU

4. FEI Number 59-3641018

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRICHARD, MICHAEL E
4090 HODGES BOULEVARD, #1413
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name
Michael E. Pritchard
Street Address (P.O. Box Number is Not Acceptable)
1429 STARBOARD CT
City
ORANGE PARK FL Zip Code
32003

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Michael E. Pritchard MICHAEL E. PRITCHARD 1/8/02.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PRITCHARD, MICHAEL E
8304 MALAGA AVE.
ORANGE PARK FL 32073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Michael E. PRITCHARD
1857 Welhs Rd. 1429 STARBOARD CT
ORANGE PARK, FL 32003 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael E. Pritchard 1/8/02.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0030157 AV

CR2E0349(01)